



Certificate of Express Mailing

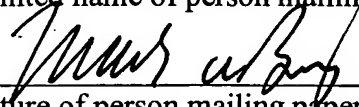
"Express Mail" Mailing Label Number: EV708631126US
Date of Deposit: 12/19/2005
Ref: Case Docket No.: P3510
First Named Inventor: Yan Feng et al.
Serial Number: 10/611,471
Filing Date: 06/30/2003
Title of Case: Improved Method for Complex Computer Aided Pricing of Products and Services

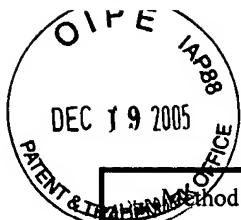
I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Alexandria, VA 22313-1450

1. Response A.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Petition for Extension of Time.
5. Cover Letter for Information Disclosure Statement.
6. Information Disclosure Statement.
7. Copy of 1 publication cited in the IDS.
8. Check for IDS fees in the amount of \$405.00 (225/Ext;180/IDS).
9. Certificate of express mailing.
10. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)


(Signature of person mailing papers or fee)



Method of Transmission: EV708631126US

CASE DOCKET NO. P3510

In reference to application of Yan Feng et al.

Serial No. 10/611,471

For Improved Method for Complex Computer Aided Pricing of Products and Services

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☐ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	38	Minus	** 38	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	4	Minus	*** 4	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input checked="" type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 225.00
Total additional for claims, time extensions and disclaimer fees							\$ 225.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

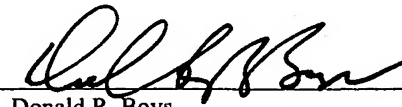
*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☒ A check in the amount of 225.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,


Donald R. Boys
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